

# Exhibit 7



Trey Grayson  
Secretary of State

**Commonwealth of Kentucky  
Office of the Secretary of State**

Summons Division  
PO BOX 718  
FRANKFORT, KY 40602-0718  
Phone: (502) 564-2848 EXT. 440  
Fax: (502) 564-1484

U. S. District Court  
Western District  
601 W. Broadway  
106 Gene Snyder U. S. Courthouse  
Louisville, KY 40202

FILED 1561  
U.S. DISTRICT COURT CLERK  
WESTERN DISTRICT OF KY  
07 OCT -4 PM 1:40

FROM: SUMMONS DIVISION  
SECRETARY OF STATE

RE: CASE NO: 3:07-CV-464-C

DEFENDANT: BRASSICA PROTECTION PRODUCTS LLC

DATE: October 1, 2007

The Office of the Secretary of State was served with a summons and accompanying documents for the captioned defendant on

September 20, 2007

This office served the defendant by sending a copy of the summons and accompanying documents via certified mail, return receipt requested, on

September 20, 2007

We are enclosing the return receipt confirming receipt of summons.

UNITED STATES POSTAL SERVICE

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

FILED (SG)  
WESTERN DISTRICT OF KY  
07 OCT -4 PM 1:48SECRETARY OF STATE  
P.O. BOX 718  
FRANKFORT, KY 40602-0718RECEIVED  
OCT 01 2007  
SECRETARY OF STATE  
COMMONWEALTH OF KY

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 3:07-CV-464-C  
9/20/2007REASSICA PROTECTION PRODUCTS LLC  
2400 BOSTON STR. STE 358  
BALTIMORE, MD 21224

## COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent  
x Valerie Ellis ☐ AddresseeB. Received by (Printed Name) C. Date of Delivery  
Valerie Ellis 9/26/07D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No3. Service Type  
☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ Yes2. Article Number 7006 2760 0005 2897-7566  
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102505-02-M-1540